

EXHIBIT C

In the Matter Of:

NEW ENGLAND COMPOUNDING PHARMACY, INC. PRODUCTS LIABILITY

VIDEOTAPED DEPOSITION OF REBECCA CLIMER

April 08, 2015



DISCOVERY
LITIGATION SERVICES
Court Reporting • Videography • Trial Presentations

100 Mayfair Royal
181 Fourteenth Street
Atlanta, GA 30309
404.847.0999

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1 A. Public relations, advertising and
2 marketing.

3 Q. Public relations, advertising and
4 marketing?

5 A. Internal communications.

6 Q. All right.

7 A. And web-based services.

8 Q. And web-based services. And for what
9 entities do you do public relations advertising and
10 marketing?

11 A. The five hospitals of St. Thomas Health and
12 our employed physicians.

13 Q. Any other entities?

14 A. No.

15 Q. Have you ever done PR or advertising or
16 marketing for any entities other than the five
17 hospitals and the employed physicians?

18 A. Only in the role that I have as the chief
19 communications officer for St. Thomas Health. There
20 are times when we get asked to perhaps set up an
21 interview for a physician who is not employed and we
22 would facilitate that. But I do not regularly do PR
23 and marketing for any of the entities.

24 Q. Do you ever assist in the marketing of
25 ambulatory surgery centers?

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1 A. No.

2 Q. Now, as the chief communications and
3 marketing officer, are you responsible for something
4 called branding?

5 A. It's a -- it's a function -- generally
6 accepted as a function of public relations and
7 marketing, but we don't have a specific title for that
8 specific function in my area.

9 Q. Well, what is branding? How would you
10 describe that phenomenon?

11 A. I think it is normally described as talking
12 about or trying to attribute attributes to a name.

13 Q. So to the extent that branding happens at
14 St. Thomas Health, you're in charge of it. Is that a
15 fair way for me to understand that?

16 A. I'm one of the people who is in charge of
17 it, yes. I lead the function, yes.

18 Q. And as the chief marketing and
19 communications officer for St. Thomas Health, what
20 does the St. Thomas name mean, as far as you're
21 concerned?

22 A. Well, it can mean a geographic locator.
23 There are lots of things that are on the campus of St.
24 Thomas Health. In my situation, I think it stands for
25 a Catholic entity that does business in middle

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1 A. I sometimes advise on that because those
2 are separate boards. I will go to the board meeting
3 and talk to them about what could possibly be done,
4 but I don't -- unless they're wholly owned, I do not
5 do that.

6 Q. Have you ever attended a board meeting of
7 the St. Thomas Outpatient Neurosurgical Center?

8 A. Yes.

9 Q. And how many of those board meetings have
10 you attended?

11 A. One.

12 Q. And what gave you occasion to attend that
13 board meeting?

14 A. The outbreak of meningitis in 2012.

15 Q. Now, in order to prepare for this
16 deposition today, did you review anything?

17 A. Yes.

18 Q. What did you review?

19 A. I reviewed some of the documents that the
20 attorneys showed to me that were in preparation for
21 this deposition.

22 Q. Did you review any notes?

23 A. No.

24 Q. Did you make any notes in preparation for
25 the deposition?

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1 Tennessee.

2 Q. Okay. Is there anything else that the St.
3 Thomas brand is contended to convey to the community?

4 A. We really do try to focus on the values of
5 the organization, that we are a not-for-profit
6 organization that is mission driven and that is the
7 Catholic -- the representation of the Catholic church
8 from a healthcare perspective in our communities.

9 Q. Would it be fair for me to say that when
10 patients come to a facility bearing the St. Thomas
11 name on the St. Thomas Hospital campus that that name
12 is in part intended to convey to the patients that
13 they are in a safe place and that they will receive
14 the highest quality care?

15 A. I think that that's what any healthcare
16 name would imply. Safety is one of the things that
17 all healthcare organizations should be concerned with.

18 Q. So would you agree that when patients see
19 the St. Thomas name, they should assume that they will
20 receive safe, high quality care at that institution?

21 A. There's a difference between patient
22 perception and public perception. I think any person
23 who goes to a healthcare entity, if that healthcare
24 entity is in business, should expect that the care
25 would be safe.

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1 Q. And that would include people that go to a
2 St. Thomas healthcare entity?

3 A. That would include anyone who goes to a St.
4 Thomas or Vanderbilt or Centennial entity.

5 Q. Well, we took the deposition of Dr.
6 Schatzlein.

7 A. Yes.

8 Q. And he explained when he came to St. Thomas
9 Health in 2010, one of his goals was to implement a
10 unifying brand across the St. Thomas Health system.
11 When did you learn that Dr. Schatzlein was interested
12 in doing that?

13 A. I don't remember the specific time. I do
14 know that it was a concern of his.

15 Q. And so approximately how long after he
16 became the CEO did you become aware that that was one
17 of his goals?

18 A. It would have been in the second or third
19 year. I think he's been there since 2010.

20 Q. So are you saying to us that he never
21 mentioned that goal to you for two or three years
22 after he became the CEO?

23 A. I don't recall. Really don't recall when
24 it was.

25 Q. Now, you made a distinction between patient

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1 perception and public perception. What's that
2 distinction as far as you're concerned?

3 A. I think there are issues of -- there are
4 issues of brand. There are issues of reputation.
5 There are issues of notoriety. St. Thomas Health is
6 known for cardiac services, known for a number of
7 things. So typically in my experience people who have
8 an -- who are already patients with us may have a
9 different perception than the public.

10 Q. Did -- did St. Thomas Health go through a
11 process of placing a unifying brand across its system?

12 A. Across the hospitals, yes, we did.

13 Q. And what's your understanding of why that
14 happened?

15 A. We had actually contemplated that for
16 several years. There was -- there was a lot of
17 inconsistency. For one thing we had a Catholic
18 hospital in the community that was called Baptist. It
19 wasn't known as the Catholic hospital and to be
20 accurate, it wasn't even a Baptist Hospital anymore.
21 It hadn't been affiliated with the Baptist -- with the
22 Southern Baptist Convention for many years. So we
23 really wanted to talk about and be accurate in the way
24 that we represented the five hospitals.

25 Q. So why was the St. Thomas name selected as

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1 opposed to the name Baptist?

2 A. Well, we're Catholic. St. Thomas is the
3 legacy name for the Catholic organization. The
4 original St. Thomas Hospital was established in, I
5 believe, 1898 by the Daughters of Charity here. So it
6 is the Catholic name that is present in the community.
7 It also has a strong recognition across a
8 several-county area.

9 Q. And so were there certain brand attribute
10 surveys that were conducted?

11 A. They weren't specific brand attribute
12 surveys. We survey the community regularly in terms
13 of top of mind awareness, preference for different
14 service lines.

15 Q. And so what surveys were conducted in
16 conjunction with the effort to come up with the
17 unifying brand?

18 A. We had done a number of surveys. Typically
19 as I said we do annual surveys on preference and
20 awareness. We also did focus groups to look at the
21 names of the -- possibility of changing the names of
22 the hospitals.

23 Q. Who does the annual surveys?

24 A. Depends. It's typically done by whatever
25 agency we're working with at the time. At the time of

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1 2012, in that period of time, we were -- had an agency
2 of record that was called DS Tombras. We're no longer
3 working with them, but they did conduct the research
4 for us.

5 Q. All right. So how did these annual surveys
6 work?

7 A. They're typically either done by phone.
8 They're the calls that you get sometimes at night
9 asking you if you work for a healthcare organization
10 and talking about if you have -- if you were thinking
11 of the name of a hospital, what first comes to mind.
12 And then typically what will happen is they'll ask
13 about specific service lines. If you or a family
14 member had to be hospitalized for cardiac care, if you
15 or a family member had to be hospitalized for this.
16 And we look at the preference and awareness for that.
17 They're sometimes done online as well.

18 Q. And are these typically surveys of previous
19 patients of --

20 A. No.

21 Q. Okay.

22 A. Typically not.

23 Q. They're just random people that are
24 selected and receive these calls?

25 A. Yes, within a specific service area.

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1 Q. And at what time of year would these annual
2 surveys typically occur?

3 A. They're not at a specific time of year.

4 Q. And were there surveys that were conducted
5 that focused on preparations for the unifying brand
6 campaign?

7 A. No. We relied on -- we relied on
8 previously existing surveys, but the focus groups that
9 I mentioned before were done specific to changing the
10 names of the hospitals.

11 Q. How many focus groups did you do on that
12 issue?

13 A. I believe four.

14 Q. And when did those begin?

15 A. I'm thinking probably in April of 2013.

16 Q. Are you sure about that?

17 A. No, I'm not.

18 Q. Let me hand you -- let me hand you a
19 document --

20 A. Sure.

21 Q. -- that we're going to make Exhibit
22 No. 181, and I'll just ask you to tell me what this
23 is.

24 (Exhibit 181 was marked for
25 identification.)

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1 A. It appears that Bernie wanted to do that
2 and Wes is asking if that -- if that can be done.

3 Q. And did you -- do you recall how you
4 answered his question?

5 A. I do not. The ASCs are not branded as St.
6 Thomas currently.

7 Q. Well, is there -- are there any ambulatory
8 surgery centers that bear the St. Thomas name?

9 A. There -- I believe there is one on the St.
10 Thomas campus. St. Thomas SurgiCare.

11 Q. St. Thomas SurgiCare?

12 A. SurgiCare. I believe that's correct.

13 Q. And do you know when St. Thomas SurgiCare
14 began using the St. Thomas name?

15 A. I do not.

16 Q. Do you know how many people who are
17 patients of St. Thomas Outpatient Neurosurgical Center
18 died of fungal meningitis?

19 A. I believe it was 13.

20 Q. Okay. Do you know how many people were
21 sickened as a result?

22 A. As across the country?

23 Q. No, patients of that particular
24 neurosurgical center.

25 A. I believe it was over a hundred.

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1 THE WITNESS: Okay. Okay it's a
2 series of e-mails between myself and Wes
3 Littrell who was my supervisor at the time.

4 Q. (By Mr. Nolan) Okay. And what is this
5 series of e-mails about?

6 A. Well, it appears to be a discussion where
7 Wes is asking me about potentially branding ambulatory
8 surgery centers with the St. Thomas Hospital or St.
9 Thomas Health system name.

10 Q. Okay. And at the top, Mr. Littrell says,
11 "I guess he wants to go there. Can we brand all ASCs
12 as St. Thomas?"

13 Do you see that?

14 A. I do.

15 Q. Who is "he"? Who is Mr. Littrell referring
16 to?

17 A. I think he must be -- I'm assuming from
18 this that he's talking about Bernie Sherry.

19 Q. Okay. And what was Mr. Sherry's position
20 at that time?

21 A. At that time, he was CEO of then Baptist
22 Hospital.

23 Q. Okay. And do you know why Mr. Littrell was
24 interested in branding all ambulatory surgery centers
25 as St. Thomas?

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1 Q. Okay. Would you agree that that's a
2 catastrophe?

3 A. I would.

4 Q. Do you know whether St. Thomas SurgiCare
5 adopted the St. Thomas name before or after the
6 catastrophe?

7 A. I don't know.

8 Q. Okay. Now, at the time of the catastrophe,
9 St. Thomas Outpatient Neurosurgical Center bore the
10 St. Thomas name; is that correct?

11 A. Yes. St. Thomas Outpatient Neurosurgical
12 Center, yes.

13 Q. All right. And that's kind of a mouthful.
14 As we have our discussion today, if I refer to the
15 center or the St. Thomas Center, will you understand
16 that I am referring to the St. Thomas Outpatient
17 Neurosurgical Center?

18 A. If I don't understand, I'll ask the
19 question. We tend to refer to it as STOPNC.

20 Q. Sure. I understand that. I'll probably
21 say the center or the neurosurgical center or maybe
22 even the St. Thomas Center. If I use the word
23 center --

24 A. Okay.

25 Q. -- I'm referring to what you refer to as

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1 STOPNC. Fair enough?
 2 A. I see.
 3 Q. Now, the center began using the St. Thomas
 4 name in July of 2000; is that correct?
 5 A. I don't know. That's prior to my time with
 6 St. Thomas Health.
 7 Q. Okay. Well, where were you in July of
 8 2000?
 9 A. Middle Tennessee Medical Center.
 10 Q. And I think you may have told us this, but
 11 when did you actually start working in your current
 12 position?
 13 A. 2002.
 14 (Exhibit 182 was marked for
 15 identification.)
 16 Q. (By Mr. Nolan) Let me hand you a document
 17 that we'll make Exhibit No. 182. I'm going to ask you
 18 to tell us what this is.
 19 A. Would you like this one back?
 20 Q. You can keep that.
 21 A. Yes.
 22 Q. What is this document?
 23 A. It's an e-mail among several people,
 24 including a representative from Jarrard, Phillips,
 25 Cate & Hancock, myself and three people who were then

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1 members of my team at St. Thomas Health.
 2 Q. So what is Jarrard, Phillips, Cate &
 3 Hancock?
 4 A. It is a public relations firm located in
 5 Nashville.
 6 Q. All right. And does that public relations
 7 firm focus on representing healthcare entities?
 8 A. Pretty much.
 9 Q. And so how long has St. Thomas Health done
 10 business with what I'll refer to as Jarrard, Inc.?
 11 A. Probably well over ten years.
 12 Q. Do you know why St. Thomas first began
 13 doing business with that particular public relations
 14 firm?
 15 A. Sure. It's a good firm. They have a
 16 specialty area in healthcare. St. Thomas Health had
 17 previously been doing business with a couple of other
 18 agencies. I made the decision to focus on the
 19 relationship with Jarrard and not have duplicate
 20 relationships at the time. And I felt that it was
 21 better to be represented by one organization. They're
 22 a really good firm.
 23 Q. Fair enough. And so does Jarrard assist
 24 St. Thomas Health with public relations, marketing and
 25 advertising?

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1 A. Not marketing and advertising, no. Just
 2 public relations.
 3 Q. Does the St. Thomas Health assist the
 4 center with public relations?
 5 A. We did in the specific situation of the --
 6 of the outbreak. We help the them out through that as
 7 we were all kind of trying to figure out what was
 8 going on, but not on a regular basis.
 9 Q. Before the catastrophe --
 10 A. Yes.
 11 Q. -- did St. Thomas Health assist the center
 12 with its public relations?
 13 A. Well, in this situation, you see that we
 14 did recommend that some of the physicians at STOPNC be
 15 interviewed for a potential article. So that is
 16 something that we do as I mentioned before for all
 17 physicians regardless of whether or not they are
 18 employed.
 19 Q. And is it good marketing for physicians to
 20 be interviewed by publications like that?
 21 A. Not really a marketing function. It's a
 22 public relations function, yes.
 23 Q. Well, I mean. Let's look at this e-mail --
 24 A. Yeah.
 25 Q. -- for a minute if we could.

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1 Now, this is in 2008, which is four years
 2 before the catastrophe; correct?
 3 A. Yes.
 4 Q. All right. And in the middle of the first
 5 page, you have an e-mail that says, "Looks like great
 6 opportunities in neuro and ortho. We may want to
 7 feature the docs at STOPNC for pain management" --
 8 A. Uh-huh (affirmative).
 9 Q. -- "and the joint replacement program for
 10 the Journal of Orthopaedics."
 11 Have I read that correctly?
 12 A. You have.
 13 Q. All right. And so why was it that you
 14 thought it might be a good idea to feature the center
 15 for pain management in the publications that were
 16 being discussed?
 17 A. Well, actually it was the physicians who
 18 are part of Howell Allen and who do practice at
 19 STOPNC. We were at that time looking for
 20 opportunities to feature the physicians in national
 21 trade journals, and that was one of the things that we
 22 were focusing Jarrard on at that time.
 23 Q. And so was that for the purpose of
 24 attracting business to the center?
 25 A. It was for the purpose of building --

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1 building the awareness of what was going on in the
2 community. It was really more focused on the
3 physicians rather than the center.

4 Q. And so why did St. Thomas Health want to
5 deal with that?

6 A. That's part of what we do in terms of
7 communications. We act on behalf of physicians who
8 practice at our -- at the facilities so that people
9 would be aware of what they're able to do.

10 Q. And so above this, you see where the man
11 from Jarrard, Inc. --

12 A. It's a woman.

13 Q. Oh, woman. Okay. A woman. She says, "Per
14 Rebecca's comments, can you please give us some more
15 details on STOPNC" --

16 A. Uh-huh (affirmative).

17 Q. -- "and how the docs might fit into
18 editorial opportunities."

19 Do you see that?

20 A. Uh-huh (affirmative). Yes.

21 Q. And are you testifying under oath that this
22 e-mail has nothing to do with marketing?

23 A. I don't consider this marketing. I draw a
24 clear distinction between marketing and public
25 relations. Marketing typically in my mind is

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1 advertising and paid. This is what we would consider
2 public relations, which is not paid. It's typically
3 what we call earned.

4 Q. Well, St. Thomas Health paid Jarrard for
5 its services; correct?

6 A. Yes.

7 Q. And it paid Jarrard for assisting in public
8 relations efforts like we see here in this e-mail; is
9 that true?

10 A. Yes. But it's not paid media.

11 Q. Okay. So St. Thomas -- the St. Thomas
12 Neurosurgical Center did not pay Jarrard for this, did
13 it?

14 A. No.

15 Q. And so I take it, then, that you as the
16 chief marketing and communications officer probably
17 had some marketing budget that you're in charge of on
18 an annual basis and part of that money was used to pay
19 Jarrard, Inc.; correct?

20 A. Yes.

21 Q. So how many Howell Allen Clinic physicians
22 practiced at the center at the time you sent this
23 e-mail?

24 A. I do not know.

25 (Exhibit 183 was marked for

Page 35

1 identification.)

2 Q. (By Mr. Nolan) Let me hand you a document
3 we're going to make Exhibit 183 and ask you to tell me
4 what it is.

5 A. Okay.

6 Q. What is that document?

7 A. That's a series of e-mails from --
8 originating with Bernie Sherry then to Donna Nave and
9 myself, and then the final one is from Kristi Gooden,
10 who was the PR director for Baptist Hospital at that
11 time, discussing joint replacement seminars and
12 hospital-based seminars on pain management and spine.

13 MR. GASTEL: For the people on the
14 phone, will you please mute your phone.

15 Q. (By Mr. Nolan) So why was there a
16 discussion about sponsoring seminars regarding pain
17 management?

18 A. It appears that Bernie wanted us to look at
19 opportunities to do that so that we could provide
20 education on what we did in the areas and what other
21 organizations did in the areas of pain.

22 Q. So you -- I'm sorry. Did I interrupt your
23 answer?

24 A. No, you didn't. No, not at all.

25 Q. So would you agree that sponsoring seminars

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1 about pain management is a form of marketing?

2 A. Yes.

3 Q. All right. Well, let's look at the e-mail
4 on the second page from Donna Nave to Bernie Sherry
5 with a copy to you.

6 A. Yes.

7 Q. Now, Donna Nave was the vice president at
8 St. Thomas Health in charge of program development and
9 neurosciences; is that correct?

10 A. Yes.

11 Q. And then I'd like to look at the second
12 paragraph of her e-mail. You see where she says, "Our
13 plan will be to emphasize each aspect of the continuum
14 of care and our services within that area."

15 A. Uh-huh (affirmative).

16 Q. And then under that, she apparently lists
17 several aspects of the continuum of care. Do you see
18 that?

19 A. I do.

20 Q. And so what's the first aspect that she
21 lists?

22 A. St. Thomas Outpatient Neurosurgery Center.

23 Q. Okay. And then she lists several other
24 affiliated entities; is that correct?

25 A. Yes.



From: Climer, Rebecca(/O=APPTIXHEALTH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=RCLIMER)
To: Latham, Dr. Robert
CC:
BCC: rclimer@stthomas.org
Subject: RE: Update
Sent: 10/03/2012 11:06:00 AM -0500 (CDT)
Attachments:

Good point. I think most people don't distinguish between the Center and the hospital and Saint Thomas Hospital is the facility that's appearing everywhere. I'd like to keep the focus on informing the patients, etc., and we would identify you as representing Saint Thomas Hospital and advising the leadership of the Center.

RC

From: Latham, Dr. Robert
Sent: Wednesday, October 03, 2012 11:04 AM
To: Climer, Rebecca
Subject: RE: Update

If ok with everyone else, I will need to know who am I representing. Doubt Greg wants me to represent the Center; probably not appropriate to do so. Having said that, do we want 2 people available for the interview, me and one clearly representing the Center???

From: Climer, Rebecca
Sent: Wednesday, October 03, 2012 11:02 AM
To: Latham, Dr. Robert
Subject: RE: Update

Sounds good. Are you OK if we set up the interview for immediately after that?
RC

From: Latham, Dr. Robert
Sent: Wednesday, October 03, 2012 11:01 AM
To: Climer, Rebecca
Subject: RE: Update

2-3this PM?

From: Climer, Rebecca
Sent: Wednesday, October 03, 2012 10:49 AM
To: Latham, Dr. Robert
Subject: RE: Update

Let me know when is a good time for us to meet and discuss how, when and where we want to do this.
RC

From: Latham, Dr. Robert
Sent: Wednesday, October 03, 2012 10:37 AM
To: Climer, Rebecca
Subject: RE: Update

ok

From: Climer, Rebecca
Sent: Wednesday, October 03, 2012 10:17 AM

To: Rudolph, Dawn
Cc: Schatzlein, Mike; sbutler@howellallen.com; Gregory Lanford, Dr. (glanford@howellallen.com); Batchelor, Dr. Dale; Latham, Dr. Robert; Polkow, Craig A.
Subject: RE: Update

We have received a request from Josh Devine, reporter for Channel 4 who has been the most accurate and balanced of all the news stations. The Tennessean's Tom Wilemon has also gotten it right.

Dr. Latham, how do you feel about being interviewed?

RC

From: Rudolph, Dawn
Sent: Wednesday, October 03, 2012 10:15 AM
To: Climer, Rebecca
Cc: Schatzlein, Mike; sbutler@howellallen.com; Gregory Lanford, Dr. (glanford@howellallen.com); Batchelor, Dr. Dale; Latham, Dr. Robert; Polkow, Craig A.
Subject: Re: Update

Please let me know what next round of communication will occur. The audiences are physician leadership and mgmt, and our associates at large. At huddle this am I had full support for ongoing productive communications. Reduction of elevator talk, etc., I think routine messaging to these internal audiences is important and could be useful to tell our story.

Thanks.

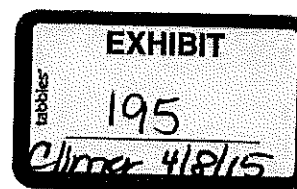
Dawn Rudolph
Saint Thomas Hospital

On Oct 3, 2012, at 9:54 AM, "Climer, Rebecca" <rclimer@stthomas.org> wrote:

Just got off the phone with Dale. We screened between 40 and 50 people yesterday and have nine more admissions with one confirmed fungal meningitis. The meningitis has been reported to the CDC.

RC

Rebecca Climer
Chief Communications and Marketing Officer
Saint Thomas Health
615-284-6839
rclimer@stthomas.org



From: Lauren Fulton(lrunco@jarrardinc.com)
 To: Rebecca Climer (RCLIMER@stthomas.org)
 CC: David Jarrard
 BCC: rclimer@stthomas.org
 Subject: FW: Update
 Sent: 10/03/2012 11:31:01 AM -0500 (CDT)
 Attachments:

Rebecca-

We will be calling you in a couple minutes. We have a number of suggestions/thoughts.

-Lauren

Begin forwarded message:

From: "Batchelor, Dr. Dale" <dbatch@stthomas.org>
 Date: October 3, 2012 11:15:49 AM CDT
 To: "Climer, Rebecca" <rclimer@stthomas.org>, "Rudolph, Dawn" <dawn.rudolph@stthomas.org>, "Gregory Lanford, Dr. (glanford@howellallen.com)" <glanford@howellallen.com>, "Schatzlein, Mike" <Mike.Schatzlein@stthomas.org>, "sbutler@howellallen.com" <sbutler@howellallen.com>, "Latham, Dr. Robert" <rlatham@stthomas.org>, "Holt, E Berry (BHOLT@babc.com)" <BHOLT@babc.com>, "Polkow, Craig A." <craig.polkow@stthomas.org>
 Cc: "Anderson, Amanda" <Amanda.Anderson@stthomas.org>, "Hagan, Joe S" <jshagan@stthomas.org>, Kim Fox <kfox@jarrardinc.com>, David Jarrard <djarrard@jarrardinc.com>
 Subject: RE: Update

Rebecca, I agree with your plan of attack. Dale

From: Climer, Rebecca
 Sent: Wednesday, October 03, 2012 11:10 AM
 To: Rudolph, Dawn; Gregory Lanford, Dr. (glanford@howellallen.com); Schatzlein, Mike; sbutler@howellallen.com; Latham, Dr. Robert; Holt, E Berry (BHOLT@babc.com); Polkow, Craig A.; Batchelor, Dr. Dale
 Cc: Anderson, Amanda; Hagan, Joe S; Kim Fox (kfox@jarrardinc.com); David Jarrard (djarrard@jarrardinc.com)
 Subject: Update
 Importance: High

We have gotten an inquiry from Senator Corker's office via Corey Ridgway. We are reaching out to their Senior Health Care Policy Advisor. This may prove very helpful to us and I will keep you posted.

We are posting the notice on the home pages of Saint Thomas Hospital and Saint Thomas Health.

We have gotten a call from the New York Times and also a request from Channel 4's Josh Devine who has, from a broadcast perspective, done the most accurate and thorough reporting. Dr. Latham is willing to do an interview with Channel 4 and I am suggesting we also speak with the NYT, as well as Tom Wilemon from The Tennessean. Everyone in agreement?

Scott, I have reached out to Alan Frio at Channel 4 regarding the story last night. Though he states that he contacted us, no one on the team got a call from him. Also, I know that you are working on getting the email trail with the state regarding their advice on language made during calls.

Focus of discussion:

- Our cooperation with the State and with the CDC out of concern for the research, but emphasizing that we have been limited in our own communication and working within guidelines established by these agencies.

- Focus on the patients and our care for them. State that we have screened all patients who have presented to us. Emphasize our voluntary closure of the Center and our continued effort to reach patients.
- Relate that we are getting calls from patients not treated at our Center, but are trying to help them anyway.
- Focus on the rarity of the condition, the volume of the patients that we see and our absolute cooperation with the State and the CDC.

Dawn, I will prepare an update for distribution throughout the house. I think this will be best coming from Dr. Batchelor, Dr. Lanford and Dr. Latham. Thoughts

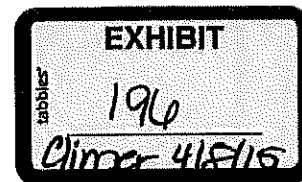
I will call in to the update by the state today at 1 p.m. and will advise everyone after.

RC

Rebecca Climer
Chief Communications and Marketing Officer
Saint Thomas Health
615-284-6839
rclimer@stthomas.org

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From: Lauren Fulton(lrfunco@jarrardinc.com)
 To: Rebecca Climer (RCLIMER@stthomas.org)
 CC: David Jarrard; Kevin Phillips; Kim Fox; Emily Serok; Emily Walling
 BCC: rclimer@stthomas.org
 Subject: Meningitis "Ownership" Communications Tactics
 Sent: 10/03/2012 11:49:31 AM -0500 (CDT)
 Attachments: American Red Cross Case Study.pdf

Rebecca-

Below and attached are our suggestions. We'll call you shortly.

-Lauren

Meningitis "Ownership" Communications Tactics

- **Media Interviews**
 - Dr. Latham is the spokesperson
 - Channel 4, Tennessean: one-on-one interviews
 - Press briefing for all other stations
- **Dedicated Website**
 - Sections:
 - Ask A Question (need to set up an email address and determine who is responsible for checking it)
 - What We Know
 - Release(s) from the state
 - STH statements
 - Accurate press coverage
 - Submission box for people to leave their email address to receive updates
 - Video of Dr. Latham
 - Hotline for Help (need to set up a phone number and determine who is responsible for answering it)
 - Commitment to Patient Safety/Quality of Care
- **Phone Script / Talking Points**
- **Daily Email Updates**
- **Social Media** (see presentation from Red Cross for some ideas)
 - MMA to monitor all conversations on the subject (Facebook, Twitter, LinkedIn)
 - Set up a separate Twitter/Blog account on the subject. Encourage media to follow it for updates.
- **Supporting Voices**
 - Cooper
 - Coker
 - THA
- **Today's News**
 - 5 new cases discovered
 - Frustration with the state/CDC
 - Need more information released
 - Established a new website to keep people informed

Lauren Fulton

Jarrard Phillips Cate & Hancock, Inc.

The Horse Barn @ Maryland Farms

219 Ward Circle, Suite 3

Brentwood, Tennessee 37027

p: 615.254.0575

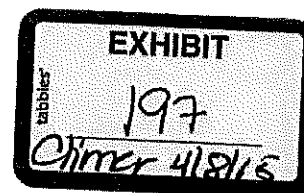
f: 615.843.8431

Check out our healthcare leadership blog, [High Stakes](#)

Check out our healthcare marketing blog, [Jack of All Trades](#)

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From: Climer, Rebecca(/O=APPTIXHEALTH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=RCLIMER)
 To: Colton Mulligan
 CC: Hagan, Joe S; Lauren Fulton; David Jarrard; Kim Fox
 BCC: rclimer@stthomas.org
 Subject: RE: WSJ.com - Meningitis Tied to Pharmacy
 Sent: 10/04/2012 09:45:00 AM -0500 (CDT)
 Attachments:



Let me think on it or ask some others to do so. I'd like to have a banner that succinctly says that Saint Thomas Hospital is not affected by the Tennessee meningitis outbreak and points them to the information on the website. Something that oozes concern and transparency.

RC

From: Colton Mulligan [mailto:colton@mmacreative.com]
 Sent: Thursday, October 04, 2012 9:43 AM
 To: Climer, Rebecca; Hagan, Joe S
 Subject: Re: WSJ.com - Meningitis Tied to Pharmacy

RC:

I've updated that content on the website. That is an awful lot of words to appear on a banner. If you have some different verbiage you would like though. Just let me know and I can have those banners updated. We can make that change relatively quickly, although not as quick as I can make content updates.

Regards,

COLTON MULLIGAN | Account Executive

MMA CREATIVE | 700 Craighead Street, Suite 200 | Nashville, TN 37204
 phone (615) 297-6886 ext 23 | cell (615) 879-4505 | web mmacreative.com

From: "Climer, Rebecca" <rclimer@stthomas.org>
 Date: Thu, 4 Oct 2012 09:33:57 -0500
 To: Colton Mulligan <colton@mmacreative.com>, Joe Hagan <jshagan@stthomas.org>
 Subject: FW: WSJ.com - Meningitis Tied to Pharmacy

Please see Dr. Schatzlein's recommendation below. Let's put these in as soon as possible.

Also, let's consider a banner that says the same thing.

Let me know how quickly we can get this done.

RC

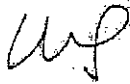
From: Schatzlein, Mike
 Sent: Wednesday, October 03, 2012 10:22 PM
 To: Climer, Rebecca
 Subject: RE: WSJ.com - Meningitis Tied to Pharmacy

I saw.

Helen might start out in bold:

Saint Thomas Hospital was NOT affected by the meningitis outbreak that involved some patients at the Outpatient Neurosurgery Center, which has been closed since September 20.

Saint Thomas Hospital patients and prospective patients should NOT be concerned. If you are interested in the national outbreak that involved the Outpatient Neurosurgery Center, please read on.



Mike Schatzlein, M.D. | President and CEO | Saint Thomas Health
Ministry Market Leader for Nashville and Birmingham | Ascension Health
102 Woodmont Blvd. | Nashville, TN 37205 | 615 284-6861 | Cell: 615 788-2000



Saint Thomas
Health

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From: Climer, Rebecca
Sent: Wednesday, October 03, 2012 10:11 PM
To: Schatzlein, Mike
Subject: RE: WSJ.com - Meningitis Tied to Pharmacy

Thanks for sharing. This represents what I think will be the next chapter in this story and that is the use of compounding pharmacies. We've made some changes to the website presence this evening....

RC

From: mike.schatzlein@stthomas.org [mike.schatzlein@stthomas.org]
Sent: Wednesday, October 03, 2012 9:48 PM
To: sbutler@howellallen.com; Climer, Rebecca
Subject: WSJ.com - Meningitis Tied to Pharmacy

<<http://www.wsj.com>>

* Please note, the sender's email address has not been verified.

I think we may start seeing criticism for buying from these guys. Do we have a rationale, and can/should we share it when asked?

Click the following to access the sent link:

WSJ.com - Meningitis Tied to Pharmacy <<http://www.emailthis.clickability.com/et/emailThis?clickMap=viewThis&etMailToID=1795121196>> * This article will be available to non-subscribers of the Online Journal for up to seven days after it is e-mailed.

<<http://www.savethis.clickability.com/st/saveThisPopupApp?clickMap=saveFromET&partnerID=150&etMailToID=1795121196>>
<<http://www.emailthis.clickability.com/et/emailThis?clickMap=forward&etMailToID=1795121196&partnerID=150>>

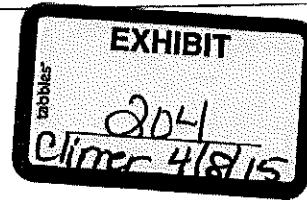
Get your EMAIL THIS Browser Button and use it to email content from any Web site. Click here
<<http://www.emailthis.clickability.com/et/emailThis?clickMap=browserButtons>> for more information.

*This article can also be accessed if you copy and paste the entire address below into your web browser.
http://online.wsj.com/article_email/SB10000872396390444223104678034720699D10185-JMyQjAxMTAyMDAwMzAwODM3Wj.html?mod=wsj_vaultleft_email

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From: Scott Butler
To: Climer, Rebecca
Sent: 10/10/2012 12:16:43 PM
Subject: RE: Letter



Please send me a list of the meetings that we have set up for today. Last I heard was a CDC call at 1 and a meeting with attorneys at 2. Is there going to be a STOPNC board mtg mixed in there?

From: Climer, Rebecca [mailto:rcclimer@stthomas.org]
Sent: Wednesday, October 10, 2012 12:10 PM
To: Anderson, Amanda
Cc: Conlee, Dianne; Holt, E Berry (BHOLT@babco.com); Scott Butler; Gregory Lanford, Dr.; John W. Culclasure, Dr.; Polkow, Craig A.; Batchelor, Dr. Dale
Subject: FW: Letter

Per this meeting:

- 1.) There will be two versions the letter. First Class and Registered Mail.
- 2.) The first class mailing needs to be modified to include information regarding the registered mail version of the letter that patients will receive. It also needs to include a statement that the Tennessee Department of Health may be contacting them on their/our behalf to follow up.
- 3.) The registered version needs to include the statement that the Tennessee Department of Health may be contacting them on our behalf to follow up,

There will be no more changes to the letter. As soon as the changes are made, the letter will be printed and sent. I will also share with the state once the letter is finalized per the meeting today.

RC

From: Conlee, Dianne
Sent: Wednesday, October 10, 2012 10:21 AM
To: Climer, Rebecca
Subject: Letter

Thanks,

Dianne Conlee
Publication & Internal Communication Manager
102 Woodmont Blvd., Suite 800
Nashville, TN 37205

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STOPNC-0005797